



JENNIFER M. GRANHOLM  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF HUMAN SERVICES  
[OFFICE NAME]



ISMAEL AHMED  
DIRECTOR

\_\_\_\_\_

\_\_\_\_\_

The \_\_\_\_\_ DHS Children's Protective Services is referring the \_\_\_\_\_ named below to your agency for  
. Based on a recent needs assessment, services should address \_\_\_\_\_.

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

This referral is being made to comply with the Child Protection Law (MCL 238.621, et. seq.). If \_\_\_\_\_ does  
not voluntarily access service with \_\_\_\_\_ and you have continuing concern for the safety of the children,  
please contact \_\_\_\_\_ DHS Children's Protective Services.

To assist you in providing services, DHS is providing the following information: \_\_\_\_\_.

Please contact the DHS Services Worker \_\_\_\_\_ (load # \_\_\_\_\_) at \_\_\_\_\_.

DHS Worker Signature \_\_\_\_\_ Date \_\_\_\_\_

Additional Information, Directions, etc:

By signing below, I agree to voluntarily attend and participate in the services listed above. If my CPS case  
will remain open for monitoring, I understand that the disposition of this case may be reclassified to CPS  
Category II if it is determined that my failure to attend and participate in this service places any child in this  
case at increased risk of harm. I also understand that, if this case is escalated to Category II, my name will  
be entered on the Child Abuse/Neglect Central Registry for life. (In the event this case is reclassified to  
Category II, a separate notification letter regarding Central Registry and rights to appeal this decision will  
be mailed to persons entered on the Central Registry.) If my CPS case will not remain open for monitoring,  
I understand that the service provider may contact CPS, as directed above. Note: An Authorization to  
Release Confidential Information (DHS-1555-CS) must be signed to release certain specified information to  
the provider. See SRM 131-Confidentiality for more information.

Client Signature: \_\_\_\_\_ Date \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date \_\_\_\_\_

AUTHORITY: 1975 P.A. 238.  
COMPLETION: Is voluntary.  
PENALTY: Case disposition may be reclassified.

Department of Human Services (DHS) will not discriminate against  
any individual or group because of race, sex, religion, age, national  
origin, color, height, weight, marital status, sexual orientation,  
political beliefs or disability. If you need help with reading, writing,  
hearing, etc., under the Americans with Disabilities Act, you are  
invited to make your needs known to a DHS office in your area.